



**Animal Medical Clinic**  
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## Obesity Management Consultation Form

**Initial Evaluation:**    **Chief Complaint:** \_\_\_\_\_

<b>Patient Name:</b> _____	<b>Owner:</b> _____
<b>Species:</b> _____	<b>Address:</b> _____
<b>Breed:</b> _____	_____
<b>Color:</b> _____	<b>Phone:</b> _____
<b>Age:</b> _____	_____
<b>Sex:</b> _____	
<b>Weight:</b> _____	

**Subjective and History:**

General appearance and disposition: Past pertinent medical history: \_\_\_\_\_

\_\_\_\_\_

Home environment/Baseline activity level: Medications/Supplements: \_\_\_\_\_

\_\_\_\_\_

Additional information and Owner goals: \_\_\_\_\_

\_\_\_\_\_

**Feeding:**

Brand of canned and/or dry food fed: \_\_\_\_\_

Amounts each of dry and/or canned food fed: \_\_\_\_\_

Calories/day: \_\_\_\_\_

Feeding schedule: \_\_\_\_\_

Treats given/quantity of treats/frequency of treats: \_\_\_\_\_

Veterinary Office to Fill out: **Veterinarian:** \_\_\_\_\_

**Assessment:** \_\_\_\_\_

**Plan/Recommendations:** \_\_\_\_\_

Increase underwater treadmill by \_\_\_\_\_ minutes every \_\_\_\_\_. ReEvaluation in \_\_\_\_\_ weeks.

**Feeding Guidelines:**

Recommended Diet: \_\_\_\_\_

Feeding Amount: \_\_\_\_\_ Feeding Frequency: \_\_\_\_\_

Treat options: \_\_\_\_\_

**Home Exercises:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_